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FORM D

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hour per response.....16.00



UNIFORM LIMITED OFFERING EXEMPTION Name of Offering check if this is an amendment and name has changed, and indicate change.) Common Stock, \$0.0001 par value per share Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Evolve Financial Group, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 8000 Centerview Parkway, Suite 500, Cordova, TN 38018 (901) 624-5500 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) N/A N/A **Brief Description of Business** Holding company for banking, mortgage brokerage, securities brokerage and other financial services companies Type of Business Organization corporation limited partnership, already formed other (please specify): MAR 1 9 2007 business trust limited partnership, to be formed Month Actual or Estimated Date of Incorporation or Organization: Actual Estimated 0 1 0 4 **THOMSON** Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: **FINANCIAL** CN for Canada; FN for other foreign jurisdiction) DE

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ■ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) B. Scot Lenoir Business or Residence Address (Number and Street, City, State, Zip Code) 8000 Centerview Parkway, Suite 500, Cordova, TN 38018 Check Box(es) that Apply: Executive Officer Promoter ☐ Beneficial Owner Director General and/or П Managing Partner Full Name (Last name first, if individual) John Clement Business or Residence Address (Number and Street, City, State, Zip Code) 8000 Centerview Parkway, Suite 500 Cordova TN 38018 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or \Box Managing Partner Full Name (Last name first, if individual) Scott Stafford Business or Residence Address (Number and Street, City, State, Zip Code) 8000 Centerview Parkway, Suite 500, Cordova, TN 38018 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☑ Director General and/or Managing Partner Full Name (Last name first, if individual) Gordon Thompson Business or Residence Address (Number and Street, City, State, Zip Code) 8000 Centerview Parkway, Suite 500, Cordova, TN 38018 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or П Managing Partner Full Name (Last name first, if individual) Stephen Valentine Business or Residence Address (Number and Street, City, State, Zip Code) 8000 Centerview Parkway, Suite 500, Cordova, TN 38018 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				B. 1	NFORMAT	ION ABOU	T OFFER	ING				•
1. Has th	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						Yes	No				
	Answer also in Appendix, Column 2, if filing under ULOE.								X			
2. What i	· · · · · · · · · · · · · · · · · · ·						§ 100	0,000.00				
2 15							Yes	No No				
	g r							×				
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name N/A	(Last name	first, if ind	lividual)	- 100								
Business or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)		 :				
Name of As	ssociated B	roker or De	aler					 .			_	
States in W											-	
(Check	"All State	s" or check	individua	l States)				••••••				l States
AL IL MT R1	AK IN NE SC	AZ IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name					· · · · · · · · · · · · · · · · · · ·							<u> </u>
Business o	r Residence	: Address (l	Number an	d Street, C	City, State,	Zip Code)					-	
Name of As	sociated Bi	roker or De	aler			··					<u> </u>	
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	(Check "All States" or check individual States)							☐ All States				
AL	AK	ΙĀΖ	[AR]	CA	CO	CT	DE	DC	FL	GΑ	Hl	ID
IL	IN	1A	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH] [TN]	NJ TX	NM UT	NY	NC VA	ND	OH	OK]	OR	PA
Full Name ([0,1]	<u>VT</u>	VA	WA]	WV	<u>[WI]</u> ————	WY	PR
N/A												
Business or	r Residence	Address (1	Number an	d Street, C	ity, State, I	Zip Code)					·-	
Name of As	sociated Br	oker or De	aler	· · ·				<u> </u>	<u> </u>			
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Check "All States" or check individual States)							States					
IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	MN OK	HI MS OR WY	MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$5,000,000.00	\$ 0.00
	✓ Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	0	\$_0.00
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		<u> </u>
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 2,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	-	s
	Total		\$ 2,000.00

L_	C. OFFERING FRICE, NOW	THER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS		
	b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C — proceeds to the issuer."	ering price given in response to Part C — Question 1 – Question 4.a. This difference is the "adjusted gross		4,998,000.00	
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par				
			Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees		\$400,000.00	<u></u> \$	
	Purchase of real estate			\$	
	Purchase, rental or leasing and installation of ma		\$	\$	
	Construction or leasing of plant buildings and fac-	cilities	\$	_ \$	
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	due of securities involved in this			
	Repayment of indebtedness				
	Working capital				
	Other (specify):				
			\$	\$	
	Column Totals		√ \$ <u>4</u> ,998,000.0	0.00	
	Total Payments Listed (column totals added)				
	,	D. FEDERAL SIGNATURE	· · · · · · · · · · · · · · · · · · ·	-	
sign	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to furnished by the issuer to any non-acc	e undersigned duly authorized person. If this notice	sion upon writte	le 505, the followin, n request of its staff	
Issu	er (Print or Type)	Signature	Date	<u></u>	
	olve Financial Group, Inc.	DIL.	March 1, 2007		
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)			
B. S	cot Lenoir	President and CEO			

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- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)